

The presentation will begin shortly.  
There will be no audio until then.




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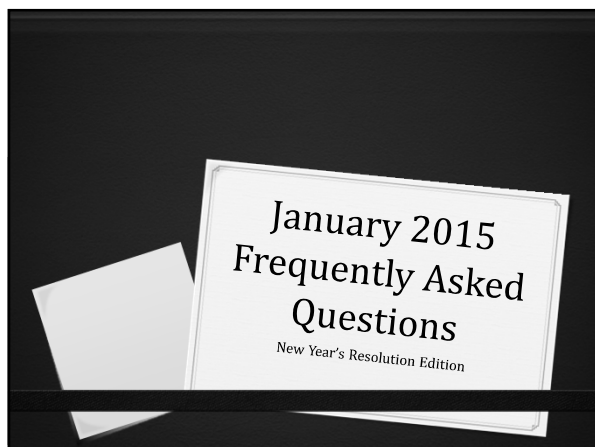
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### How to Use Today's Presentation

- ◊ First, a question commonly asked of the Immunization Program will be presented.
- ◊ Next, answer choices will be shown.
- ◊ A poll will appear on the right side of your screen
  - ◊ Discuss the question amongst your group and choose an answer.
  - ◊ All participants will have 1 minute to answer.
- ◊ The correct answer and the results will be shown after 1 minute.
  - ◊ Percentages will be shown, not individual responses.

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## Resolution #1

Janice Doe has decided that in 2015 she is going to get married for the LAST TIME. Since her name is changing she now needs her previous immunization records combined. What steps would you take at a clinic to combine and delete her alias records?

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What steps would you take at a clinic to combine and delete her alias records?

- o A) Create a new record under her soon-to-be married name and leave the other records under the names she had when she received the immunizations.
- o B) For immunization records with her old aliases delete the first and last name and type the word "duplicate" in the fields.
- o C) For immunization records with her old aliases type the word "duplicate" in the second address line, taking care to not delete any data.
- o D) NDDoH has a private detective to figure out these duplicates so ignore it.

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## Correct Answer

- o C) For immunization records with her old aliases type the word "duplicate" in the second address line, taking care to not delete any data.

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### Duplicates in NDIIS

- o If a duplicate record is found, the one with the outdated demographic information should be marked with "DUPLICATE" in the address line of the demographics.
- o Providers should make sure to not delete any information in the demographic page as this may be needed to deduplicate the records.
- o This record will be combined with its match during the automated deduplication process. This generally happens once per week.
- o If the patient saw providers outside of your own that you do not have access to add doses under, do not combine the records using "unknown provider" and dummy doses.
- o To prevent excessive duplicate records be sure to search for the current name, any previous last name or combination name if it is hyphenated.

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### Resolution #2

Michaela Mouse has vowed in 2015 to never miss an appointment and schedule her children ON-TIME, EVERY TIME. However, when she was scheduling her son's immunization visit she must have been using a 2014 calendar. She is in the clinic today with Mickey and he doesn't turn 1 year old for six more days. Can Mickey be immunized today with his 12 months shots?

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Mickey doesn't turn 1 year old for six more days. Can Mickey be immunized today?

- o A) Yes, he falls within the acceptable grace period.
- o B) Yes, but he can only receive inactivated vaccines.
- o C) No, the grace period only allows for four days.
- o D) No, there is no grace period for the minimum age that a child can receive vaccines.

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## Correct Answer

o C) No, the grace period only allows for four days.

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## Four-Day Grace Period

- o Applies to all minimum intervals and minimum ages with ONE exception.
  - o The four-day grace period cannot be used when spacing live vaccines.
    - o (i.e., MMR, varicella, shingles and flumist®).
- o The four-day grace period should never be used to schedule patients but only when a patient is in the office and would otherwise be a missed opportunity.
- o Any doses given before the four-day grace period are considered invalid and should be repeated.
  - o When repeating live vaccines remember that the four-day grace period doesn't apply.

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## Resolution #3

66 year old Donald Ducque has sworn off of television in 2015 and is totally unaware there is a new pneumococcal vaccine for adults. He has had diabetes for years and has documentation of one dose of PPSV23 - 10 years ago. What should he receive today? Should he receive another pneumococcal vaccine after that and if so, which one and when should it be scheduled?

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66 year old patient who has had diabetes for years and has documentation of one dose of PPSV23 - 10 years ago. What should he receive today? Should he receive another pneumococcal vaccine after that and if so, which one and when should it be scheduled?

- o A) PCV13 today, then PPSV23 1 year later.
- o B) PCV13 today and no further pneumococcal doses.
- o C) PPV23 today followed by a PCV13 8 weeks later.
- o D) No further doses recommended.

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### Correct Answer

- o A) PCV13 today, then PPSV23 1 year later.

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### New Adult PCV13 Recommendations for All Adults over Age 65 Years

- o On August 13, 2014, the Advisory Committee on Immunization Practices (ACIP) voted to recommend one dose of PCV13 to every adult 65 and older who has not had one previously.
- o Dose of PCV13 is in addition to previous recommendations for all adults over age 65 years of age to receive a dose of PPSV23.
- o Algorithm for doses and spacing on NDDoH's website: [www.ndhealth.gov/Immunize/Providers/Forms.htm](http://www.ndhealth.gov/Immunize/Providers/Forms.htm)

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### Pneumococcal Naïve Patients Over 65 Years of Age

o Adults 65 and older who have not had a dose of PPSV23 (Pneumovax®) or whose history is unknown should receive a dose of PCV13 followed at least 6 - 12 months later by a dose of PPSV23.

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### Patients 65 Years and Older with Previous History of PPSV23 After 65 Years of Age

o Adults 65 and older who have not had a dose of PCV13, but have already received a dose of PPSV23 since turning 65 should receive a dose of PCV13 at least 1 year after the dose of PPSV23.

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### Patients 65 Years and Older with Previous History of PPSV23 Prior to 65 Years of Age

o Adults 65 and older who received a dose of PPSV23 before turning 65 should have a dose of PCV13 at least 1 year after the most recent dose of PPSV23, followed by a dose of PPSV23 at least 6-12 months later, provided that the minimum interval between the 2 doses of PPSV23 is at least 5 years.

o\* Donald Duque falls into this group.

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## Updated **Medicare Part B** Information

- o Medicare Part B has updated its coverage for pneumococcal vaccine to comply with the new Advisory Committee on Immunization Practices (ACIP) recommendations.
- o Effective on or after September 19, 2014, Medicare Part B will cover:
  - o An initial pneumococcal vaccine to all Medicare beneficiaries who have never received the vaccine under Medicare Part B; **and**
  - o A different, second pneumococcal vaccine one year after the first vaccine was administered (that is, 11 full months have passed following the month in which the last pneumococcal vaccine was administered).
- o For more information and additional guidance, please see the attached documents or visit <http://www.cms.gov/Regulations-and-Guidance/Transmittals/2014-Transmittals-Items/R3159C.html>.

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## Resolution #4

Nancy Nurse has made 2015 the year of data quality in her clinic. She is striving to be nominated for the Immunization Champion Award from NDDoH. All of her staff are thrilled...

As she combs over immunization records she realizes that three patients received doses of hepatitis A vaccine last week that were administered too early (less than six months since the previous dose). Should the doses be repeated, and if so, when?

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The second dose of hepatitis A vaccine was given too early. Should the dose be repeated, and if so, when?

- o A) Dose should not be repeated and parent notified that their child will not be up-to-date on hepatitis A vaccine.
- o B) Hepatitis A vaccine is not required for school entry so the dose should not be repeated.
- o C) The doses should be repeated as soon as the error is noticed.
- o D) The dose should be repeated but not until the minimum interval has passed from the invalid dose (six months from the invalid dose).

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## Correct Answer

- o D) The dose should be repeated but not until the minimum interval has passed from the invalid dose (six months from the invalid dose).

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## Spacing Following Invalid Doses

- o Too early: Whenever a dose of vaccine is given too early (does not meet minimum interval requirements) the dose must be repeated but the minimum interval must pass before it can be repeated.
  - o Example: HAV #1: 01/01/2014, **HAV #2 04/01/2014 (invalid)**; HAV #3 must be on or after 10/01/2014.
- o Expired dose: Dose can be repeated as soon as it is noticed. The only exception is when it is a live vaccine, then the 4 week minimum interval must still be used.

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## Spacing Following Invalid Doses

- o Pediatric dose when an adult dose is needed: Pediatric dose is considered invalid and adult dose can be given as soon as possible.

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## Invalidate Doses in NDIIS

- o Providers can invalidate doses when the dose is originally entered, but once the dose is saved it cannot be altered by a provider.
- o In this situation NDDoH should be contacted to invalidate the dose.
- o If only one portion of a combination vaccine needs to be invalidated NDDoH has to invalidate it. A portion of a combination vaccine cannot be invalidated by the provider at any time.

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## Resolution #5

Cindy Rella has decided that in 2015 she will use her real age and be proud of it! So instead of celebrating the 5<sup>th</sup> anniversary of her 45<sup>th</sup> birthday she is 50 today. She has heard of the shingles vaccine and wants to know if she should get it now or wait until she turns 60.

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She has heard of the shingles vaccine and wants to know if she should get it now or wait until she turns 60.

- o A) The patient may receive it now but they should be educated on the fact that the ACIP doesn't recommend it until 60 and that her insurance may not cover it between the ages of 50-60.
- o B) For most patients the dose should be deferred until after age 60.
- o C) The dose is routinely recommended by the ACIP to be given to everyone over the age of 50.
- o D) Both A and B.

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## Correct Answer

- o D) Both A and B.

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## Zoster Vaccine

- o A single dose of zoster vaccine is recommended for adults ages 60 and older, regardless of whether they report a prior episode of herpes zoster.
- o Zoster vaccine has been approved by the FDA for use in adults 50 and older, but the ACIP has not yet changed their recommendation.
- o People should be vaccinated, even if unknown history of chickenpox.

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## Zoster Vaccine

- o Although the Zoster vaccine is FDA approved for 50 years and older, the ACIP did not change their recommendation for people age 50 through 59 years.
- o Though the burden of herpes zoster disease increases after age 50, disease rates are lower in this age group than they are in persons age 60 years and older.
- o There is insufficient evidence for long term protection provided by the vaccine.
- o Persons vaccinated at younger than age 60 years may not be protected when the incidence of zoster and its complications are highest.
- o Zoster vaccine is approved by the FDA for people age 50 through 59 years and clinicians may vaccinate persons in this age group without an ACIP recommendation.

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## Resolution #6

35 year-old Eric Prince has decided that he is finally going to get signed up for health insurance. He's a little late to the game. The plan that is chosen for him is the North Dakota Medicaid Expansion Plan, but when asked for his Medicaid card he hands you a Sanford insurance card. Clinic staff are trying to decide whether he is considered privately insured or enrolled in Medicaid? Does he qualify for state-supplied Tdap?

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Medicaid Expansion: Clinic staff are trying to decide whether he is considered privately insured or enrolled in Medicaid? Does he qualify for state-supplied vaccine?

- o A) All Medicaid patients qualify for state-supplied vaccine regardless of age.
- o B) This patient should receive private vaccine and bill his insurance plan for both the cost of the vaccine and the administration fee.
- o C) This patient should receive state supplied vaccine but bill his insurance plan for the administration fee.
- o D) This patient should be referred.

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## Correct Answer

- o B) This patient should receive private vaccine and bill his insurance plan for both the cost of the vaccine and the administration fee.

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## Medicaid Expansion

- o The ND Medicaid expansion plan went out on bid and Sanford Health Insurance was selected.
- o This means that anytime an individual has coverage through ND Medicaid Expansion they will have a Sanford insurance card.
- o Because ND Medicaid Expansion covers Tdap, private vaccine should be used and the patient's Sanford plan should be billed for the vaccine and the administration fee.
- o In general, Medicaid Expansion covers routinely recommended adult vaccines.

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## Adult Medicaid Coverage

- o Patients who are 18 years and younger and have Medicaid coverage, are considered VFC eligible. This is **not** the case in adults.
- o Adults with Medicaid should almost always receive private vaccine and bill Medicaid.
  - o A listing of Medicaid-covered vaccines for adults is available through the ND Medicaid office.
  - o If for some reason the vaccine is not covered by Medicaid that patient then becomes under-insured and is state-vaccine eligible for vaccine included in the state program.

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## Resolution #7

Elsa Frozen is making 2015 a year of health and has brought her daughter Anna to their local clinic to get her kindergarten shots. On that day she received the following: DTaP, IPV, MMR and varicella. A few days later Elsa heard that influenza was circulating and brought Anna to a community clinic where she received Flumist®. Elsa just received a phone call from Anna's pediatrician saying Anna needs to come in for an influenza vaccine even though she just got one. Why?

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Elsa just received a phone call from Anna's pediatrician saying Anna needs to come in for an influenza vaccine even though she just got one. Why?

- o A) Anna's first dose was invalid due to her Flumist® being given too close to her MMR and Varicella.
- o B) Her pediatric office probably doesn't have record of the influenza vaccine and that is why they are calling.
- o C) Because the H3N2 virus has drifted all kids are recommended to receive a booster dose.
- o D) The pediatrician is probably calling the wrong family by mistake.

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### Correct Answer

- o A) Anna's first dose was invalid due to her Flumist® being given too close to her MMR and Varicella.

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### Spacing of Live Vaccines

- o All live vaccines if not given on the same day, must be separated by at least four weeks.
  - o Four-day grace period does not apply!!
  - o The immune response to the second dose may be overrode by the previous live vaccines that were administered.
- o Important to remember that MMR and varicella are not the only live vaccines. Flumist® and Shingles are also live vaccines.
- o If live vaccines are given too close together the second dose is considered invalid.
  - o Second dose would need to be repeated four weeks after INVALID dose.

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## Resolution #8

54 year old Willy Coyote is going to try to quit smoking in 2015, but it isn't going too well. He also has asthma. He does not currently have any insurance. Your clinic does not have any PPSV23 on hand but it can be ordered before his next appointment. Should he receive private or state PPSV23?

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Your clinic does not have any PPSV23 on hand but it can be ordered before his next appointment.  
Should he receive private or state PPSV23?

- o A) The patient is not yet 65 years old and should not receive PPV23.
- o B) Because he does not have insurance the office should order state vaccine.
- o C) The patient should receive private vaccine, as there is no longer a program for state-supplied adult PPV23 vaccine.
- o D) That patient should receive privately-purchased PCV13 according to new ACIP recommendations.

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## Correct Answer

- o C) The patient should receive private vaccine, as there is no longer a program for state-supplied adult PPV23 vaccine.

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## Changes to State-Supplied Vaccine Program for Adults

- ◊ As of October 1, 2014 providers can no longer order PPSV23 for use in ANY adults, even those who have no insurance.
- ◊ Providers may continue to use supplies of PPSV23 for un and underinsured adults until current supplies are depleted.
- ◊ Doses of PPSV23 ordered from NDDoH after October 1 are only to be used for VFC-eligible children.
- ◊ PPSV23 can be ordered in one-dose increments for providers who don't feel they would use an entire box.
  - ◊ Td and DT can also be ordered in one-dose increments.

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## Resolution #9

Danny Doctor would like his office to become totally paperless in 2015. Now that they have received data loggers and upload their temperature logs electronically, he sees no need for pesky paper temperature logs. His nurses are arguing with him that paper temperature logs are necessary. Who is right?

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His nurses are arguing with him that paper temperature logs are necessary. Who is right?

- ◊ A) Embrace the paperless lifestyle. Only electronic data logger temperature charts are required starting January 1, 2015.
- ◊ B) Paper temperature charts are still required to be used in the clinic, but no longer need to be sent into NDDoH.
- ◊ C) Both paper and electronic temperature charts are required to be sent into NDDoH.
- ◊ D) Who needs temperature logs anyway?

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## Correct Answer

- o B) Paper temperature charts are still required to be used in the clinic, but no longer need to be sent into NDDoH.

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## Temperature Logs

- o Starting January 1, 2015 electronic data loggers are required to be used for monitoring temperatures of any storage unit containing state-supplied or VFC vaccine.
- o The NDDoH only requires that electronic data logger temperature charts be sent in monthly.
  - o Data loggers should be emailed to [dohtemplogs@nd.gov](mailto:dohtemplogs@nd.gov).
  - o When they are emailed please include provider number and month (i.e., 4902Jan2015).
  - o February vaccine orders will not be approved without January data logger temperature charts.

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## Temperature Logs, cont.

- o Paper temperature logs are still required to be used to monitor temperatures twice daily, but will only be reviewed at VFC site visits.
  - o Paper logs no longer need to be sent in monthly.
  - o Paper logs should have twice daily checks including the date, time and staff initials.
- o All temperature data (electronic and paper) must be kept on hand for a minimum of three years.
- o Paper temperature logs that are initialed twice daily allow for more accountability in case of a temperature excursion.
  - o With electronic only temperature charts it's easy to glance at data logger and move on. When steps are taken to write down the temperature and record time and initials, staff may be more likely to respond to excursions.

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## Resolution #10

Mary Medical has decided she needs to use more vacation time in 2015, as she is getting a little ragged from her long days of immunization clinics. She has trained her back-up on how to download the data logger temperature charts and how to email them to the immunization program. However, Mary forgot to tell Sherrie Shots what to do in the event of a temperature excursion. What steps should Sherrie take at the first sign of an alarm on her data logger?

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What steps should Sherrie take at the first sign of an alarm on her data logger?

- o A) The data logger stores all temperature data including excursions, so Mary will deal with it when she gets back.
- o B) All vaccine in the affected storage unit should be discarded if involved in a temperature excursion.
- o C) The data logger information should be downloaded immediately, vaccine quarantined and manufacturers contacted to ensure vaccine is still viable.
- o D) Send in data logger information to NDDoH and wait to hear from them about the temperature excursion.

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## Correct Answer

- o C) The data logger information should be downloaded immediately, vaccine quarantined and manufacturers contacted to ensure vaccine is still viable.

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## Data Loggers

- ◊ The "X" is a sign that there was an alarm within the last 30 days.
- ◊ Will clear after 30 days of stable in-range temperatures.
- ◊ In the mean time remember to look for new alarms
- ◊ Look for a .
- ◊ An "X" is a sign of out-of-range temperatures and should not be ignored.
- ◊ Before placing the Fridge Tag in a unit be sure that the temperature probe is at the correct temperature.

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## Temperature Excursion

- ◊ Vaccine should always be marked as "Do Not Use" if there is any question of a temperature excursion.
  - ◊ Do not automatically assume the vaccine is non-viable. The manufacturer will determine that.
- ◊ Data logger temperatures should be downloaded each time a new alarm is noticed. This is the only way to determine why there is an alarm.
  - ◊ NDDoH should be notified that you have had an excursion and that manufacturers are being contacted.

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## Temperature Excursion, cont.

- ◊ Once the information is downloaded, the manufacturers should be contacted to determine if the vaccine is viable.
  - ◊ Providers should keep in mind if they have had more than one temperature excursion the manufacturer should be given cumulative temperature data to get a true picture of the storage conditions the vaccine has been exposed to.
- ◊ If vaccine needs to be wasted because it is no longer viable this must be reported to NDDoH.
- ◊ If severe or frequent temperature excursions happen, providers may be required to replace their storage units.

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## Resolution #11

Ariel Merman has decided to stop and smell the roses in 2015 and learn to appreciate the small stuff. However, her clinic manager and her list of patient appointments for the day will not allow her to do that today. While she is quickly trying to draw up immunizations to get on to the next patient she forgets to reconstitute Pentacel® and only gives the liquid (DTaP-IPV) portion. What should she do now?

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While she is quickly trying to draw up immunizations to get on to the next patient she forgets to reconstitute Pentacel® and only gives the liquid portion. What should she do now?

- o A) Repeat the entire dose of Pentacel®.
- o B) Administer a single antigen Hib vaccine.
- o C) Administer a single antigen IPV vaccine.
- o D) Administer a single antigen DTaP vaccine.

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## Correct Answer

- o B) Administer a single antigen Hib vaccine.

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## Invalid Administration

- o As discussed before if a portion of a vaccine needs to be invalidated this must be done by NDDoH.
- o In this situation the Hib portion of Pentacel® must be invalidated and repeated. The DTaP-IPV portion is valid.
- o Providers will need to work with the manufacturer to get ActHib® diluent to reconstitute the Hib portion.
- o Education should be done so that this administration error does not happen again.
- o If any vaccine is reconstituted with the wrong diluent the entire dose is invalid and should be repeated.

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## Resolution #12

Samuel Surgery has decided to listen to his doctors and finally get that moody spleen removed in 2015. Which immunizations would he need? And should they be given pre-surgery or post-surgery?

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Which immunizations would he need for splenectomy? And should they be given pre-surgery or post-surgery?

- o A) Pre-Surgery: One influenza, one PCV13 (given first), one PPSV23 (given at least eight weeks later), one Hib and two doses of MCV4 (separated by at least eight weeks).
- o B) Post-Surgery: One influenza, one PCV13 (given first), one PPSV23 (given at least eight weeks later), one Hib and two doses of MCV4 (separated by at least eight weeks).
- o C) Pre-Surgery: One influenza, one PCV13 (given first), one PPSV23 (given at least eight weeks later), three Hibs and two doses of MCV4 (separated by at least eight weeks).
- o D) Post-Surgery: One influenza, one PCV13 (given first), one PPSV23 (given at least eight weeks later), three Hibs and two doses of MCV4 (separated by at least eight weeks).

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## Correct Answer

- o A) Pre-Surgery: One influenza, one PCV13 (given first), one PPSV23 (given at least eight weeks later), one Hib and two doses of MCV4 (separated by at least eight weeks).

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## Asplenia

- o People with either anatomic (i.e., removal of spleen) or functional (i.e., sickle cell disease) asplenia are at particular risk for encapsulated bacterial infections (i.e. pneumococcal, meningococcal and Hib infections).
- o Vaccinations should be given at least 14 days prior to a splenectomy, if possible. If vaccinations are not given before surgery, they should be administered after the procedure as soon as the patient is stable.
- o All immunization recommendations can be found on next slide.
- o Children with asplenia should be vaccinated age appropriately.

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## Asplenia Recommendations – Inactivated Vaccines

Vaccine	Number of Doses	Spacing
Inactivated Influenza	One, annually	Follow routine recommendations.
PCV13	One	Given first.
PPSV23	One	Administer at least eight weeks after PCV13 and booster after five years.
Hib	One	Not necessary if previously vaccinated.
Meningococcal (use MCV4 for those under 55 years of age)	Two doses with boosters	Two doses 8-12 weeks apart with a booster every five years.

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## Resolution #13

Scar Lionell has decided to go off the grid in 2015 with no phones, mail or internet. However his plan is ruined, as his family continue to get reminder/recall notices from NDDoH in the mail. Scar would like to know what his child is due for, as they are at your office regularly and has been told his son is up-to-date. His 13 year-old has received 1 Tdap, 1 MCV4, 3 HPVs and 1 varicella. Which immunization is his child missing?

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His 13 year old has received 1 Tdap, 1 MCV4, 3 HPVs and 1 varicella. Which immunization is his child missing?

- o A) This child is considered up-to-date.
- o B) He needs a booster dose of MCV4.
- o C) The mailing address must be wrong and the NDDoH should be contacted.
- o D) He is missing his second dose of varicella.

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## Correct Answer

- o D) He is missing his second dose of varicella.

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## Reminder/Recall Project

- o NDDoH is sending out several different types of recall notifications to parents of children who are missing important immunizations.
- o It is important for providers to thoroughly review immunization records of patients and consult the NDIIS forecaster to determine which vaccines the patients are due for.
- o NDDoH has received many phone calls from parents who say their providers tell them their children are up-to-date, however after NDDoH review are missing one or more doses.
  - o Most of the time it is their booster dose of MCV4 or second dose of varicella.

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## Resolution #14

Verla Virus has vowed to not use any sick leave in 2015 but is growing concerned about the increasing amount of influenza circulating in her community. She gets her child immunized regularly, but based on little Winter's age (18 months old) she only got one dose during the last influenza season (2013-2014). How many does Winter need this season (2014-2015)? Based on option one of the two recommendations.

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She gets her child immunized regularly but based on little Winter's age she only got one dose during the last influenza season (2013-2014). How many does Winter need this season (2014 -2015)?

\* Based on option 1 of the two recommendations.

- o A) Winter will need two doses of influenza vaccine because she only received one last year.
- o B) Winter only needs one dose this influenza season based on the 2014-2015 ACIP recommendations.
- o C) I've heard the vaccine isn't working that well this year, I would recommend that Winter skip it.
- o D) Who knows, two can't hurt right?

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## Correct Answer

- o B) Winter only needs one dose this influenza season based on the 2014-2015 ACIP recommendations.

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## Two Dose Recommendation



- o Based on the 2014-2015 ACIP recommendation, children who received a dose last year will only need one dose this year.
- o Children who are under 8 years of age and it is their first influenza season where they are being vaccinated should still receive two doses of influenza vaccine separated by four weeks.
- o Algorithm to determine how many doses are needed.
  - o Two different methods

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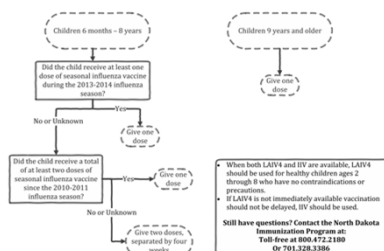
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## Two doses or one dose?



### 2014-2015 Influenza Vaccination Algorithm

Option One: NDHS will forecast based on this option.




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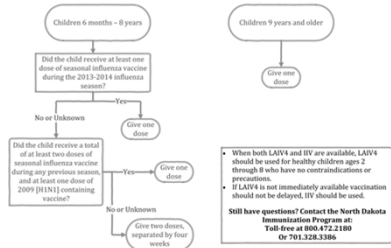


## Two doses or one dose?



### 2014-2015 Influenza Vaccination Algorithm

Option Two: Not forecasted by NDHS




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## Type your question in the chat window to the right

After the presentation, questions may be sent to:

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Dominick Fitzsimmons	dfitzsimmons@nd.gov

**Immunization Program :**  
701.328.3386 or toll-free 800.472.2180

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## Post-test

- o Post-test
  - o Nurses interested in continuing education credit, visit:  
[www.ndhealth.gov/disease/post/default.aspx?PostID=69](http://www.ndhealth.gov/disease/post/default.aspx?PostID=69)
  - o Successfully complete the four-question post-test to receive your certificate.
- o Credit for this session available until Tuesday, February 10<sup>th</sup>, 2015.
- o This presentation will be posted to our website:  
[www.ndhealth.gov/immunize](http://www.ndhealth.gov/immunize).

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